

**OFFICE OF THE CHIEF OF POLICE**

**SPECIAL ORDER NO. 18**

**June 11, 2007**

**SUBJECT: LOS ANGELES POLICE DEPARTMENT INTOXICATION ASSESSMENT SHEET, FORM 06.14.00 - DEACTIVATED, SOBERING CELL INMATE WELFARE FORM, FORM 06.52.00 - ACTIVATED, AND INMATE CLASSIFICATION QUESTIONNAIRE AND RECORD OF MEDICAL SCREENING, FORM 05.36.00 - REVISED.**

**PURPOSE:** Arrestees under the influence of alcohol or any controlled substance, may pose a health threat to themselves or other inmates in a Department jail facility due to their state of impairment. Department documentation of the medical assessment and housing of intoxicated arrestees has been revised to comply with State requirements and provide continuity within Jail Division. This Order supercedes Special Order No. 10, 2006, *Los Angeles Police Department Intoxication Assessment Sheet, Form, 6.14.0 - Activated*. This Order deactivates the Los Angeles Police Department Intoxication Assessment Sheet, Form 06.14.00, activates the Sobering Cell Inmate Welfare Form, Form 06.52.00, and revises the Inmate Classification Questionnaire and Record of Medical Screening, Form 05.36.00.

**PROCEDURE:**

- I. SOBERING CELL - USE.** The sobering cell is used to temporarily confine any arrestee whose safety is at risk or who may be a threat to others, because of their state of intoxication or substance impairment. To determine whether the arrestee should be booked or transported to a contract hospital, arresting officers shall ensure that the arrestee is evaluated by jail dispensary medical staff prior to booking. If it is established by the jail dispensary that the arrestee's health is not at risk due to injuries or other medical conditions, dispensary personnel may approve the arrestee for booking with a handling requirement of temporary housing in a sobering cell.
- II. LOS ANGELES POLICE DEPARTMENT INTOXICATION ASSESSMENT SHEET, FORM 06.14.00 - DEACTIVATED.** The Los Angeles Police Department Intoxication Assessment Sheet, Form 06.14.00, is deactivated. The discontinued Los Angeles Police Department Intoxication Assessment Sheet shall be marked "obsolete" and placed into the divisional recycling bin.

**III. SOBERING CELL INMATE WELFARE FORM, FORM 06.52.00 - ACTIVATED.**

**A. Use of Form.** The Sobering Cell Inmate Welfare Form, Form 06.52.00, is used to document the medical screening of an arrestee booked for California Penal Code (PC) Section 647(f), or any arrestee whose safety is at risk or who may represent a threat to others because of their state of intoxication or substance impairment (i.e., alcohol or drug induced). The Sobering Cell Inmate Welfare Form is utilized by Jail Division personnel to document regular checks of the intoxicated arrestee's condition.

**B. Completion.** Completion of the form is self-explanatory.

**C. Distribution.**

1 - Original, shall be attached to the jail watch supervisor's log.

1 - Copy, attached to inmate's divisional booking record (white card).

**2 - TOTAL**

**IV. OFFICER'S RESPONSIBILITIES.** An officer booking a 647(f)PC arrestee, or any arrestee whose safety is at risk or who may be a threat to others because of their state of intoxication or substance impairment shall:

- \* Have the arrestee evaluated at a Department jail dispensary by medical staff; and,

**Note:** Those arrestees with a Gas Chromatograph Intoximeter (GCI) breath test results of .30 or higher shall be examined at a Jail Division dispensary or contract hospital, as delineated in Department Manual Sections 4/343.25 and 4/648.17.

- \* Present the arrestee to Jail Division staff along with the Sobering Cell Inmate Welfare Form and the Inmate Classification Questionnaire and Record of Medical Screening.

**Note:** The availability of a sobering cell does not change the arresting officer's responsibility to ensure that the arrestee receives proper medical treatment as delineated in Department Manual Sections 4/210.23 and 4/648 (e.g., arrestees who have apparent injuries, arrestees who are unconscious, arrestees who have ingested narcotics or arrestees under the influence of phencyclidine (PCP)).

**V. DETENTION OFFICER'S RESPONSIBILITIES.** Detention officers shall do all of the following and document their findings on the Sobering Cell Inmate Welfare Form:

- \* Conduct a direct visual check of the inmate no less than every 30 minutes and log the actual time;
- \* Determine whether the inmate is awake or asleep;
- \* Wake sleeping inmates and document their verbal or physical response;
- \* Document whether the inmate's breathing is regular and whether the inmate has vomited;
- \* Document any changes in the inmate's respiration;
- \* Document the respective detention officer's name and serial number for each 30 minute inmate check;
- \* Ensure the inmate is re-evaluated by jail dispensary medical staff no later than 6 hours after the initial evaluation;
- \* Ensure the inmate's nutritional needs have been met and check the corresponding box on the Sobering Cell Inmate Welfare Form; and,
- \* Ensure the inmate is re-evaluated by jail dispensary medical staff no later than 12 hours after the initial evaluation.

**VI. AREA WATCH COMMANDER'S RESPONSIBILITY.** Area watch commanders shall ensure all 647(f)PC arrestees, or any arrestee whose safety is at risk or who may be a threat to others because of their state of intoxication or substance impairment, be evaluated at a Department jail dispensary.

**VII. JAIL DIVISION WATCH COMMANDER'S RESPONSIBILITIES.** Jail Division watch commanders or shift supervisors shall:

- \* Complete the "Watch Commander/Shift Supervisor" section of the Sobering Cell Inmate Welfare Form;
- \* Complete their name, serial number, date, time and any additional comments;

- \* Indicate whether the inmate was released, transferred to another facility or transferred to a regular cell and indicate the date and time;
- \* Ensure all forms are properly completed;
- \* Ensure the completed Sobering Cell Inmate Welfare Form is attached to the jail watch supervisor's log; and,
- \* Ensure a copy of the Sobering Cell Inmate Welfare Form is attached to the inmate's divisional booking record (white card).

**VIII. INMATE CLASSIFICATION QUESTIONNAIRE AND RECORD OF MEDICAL SCREENING, FORM 05.36.00 - REVISED.** The Inmate Classification Questionnaire and Record of Medical Screening, Form 05.36.00, has been revised to reflect the following changes:

- \* "Special Medical Instructions for Persons in Custody" section has been changed to "Medical Instructions for Persons in Custody;"
- \* The "Medical Instructions for Persons in Custody" item number 2 "Safety Criteria" includes a "Sobering Cell" recommendation; and,
- \* Check boxes for "LAC-USCMC" and "CRDF" have been added to "Transfer to:" locations.

The use and distribution of this form have not changed.

**FORM AVAILABILITY.** The Sobering Cell Inmate Welfare Form, and the revised Inmate Classification Questionnaire and Record of Medical Screening Form are available on the Department's Local Area Network (LAN). The revised Inmate Classification Questionnaire and Record of Medical Screening will be available for ordering from the Department of General Services, Distribution Center, in about 60 days.

Copies of the forms are attached for duplication and immediate use. Old stock shall be marked "obsolete" and placed in the divisional recycling bin.

**AMENDMENTS.** This Order adds Sections 4/654 and 5/6.52.0, amends Sections 4/240 and 4/648, and deletes Section 5/6.14.0 from the Department Manual.

**AUDIT RESPONSIBILITY.** The Assistant to the Director, Office of Operations, shall monitor compliance with this Order in accordance with Department Manual Section 0/080.30.

WILLIAM J. BRATTON  
Chief of Police

Attachments

DISTRIBUTION "D"

**INMATE CLASSIFICATION QUESTIONNAIRE AND RECORD OF MEDICAL SCREENING**

This form shall be completed **only** when the arrestee is seen by dispensary personnel.

ARRESTEE'S NAME (PRINT) \_\_\_\_\_ DOB \_\_\_\_\_

BOOKING NUMBER \_\_\_\_\_ CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

**SEGREGATION ASSESSMENT (CHECK EACH CORRESPONDING BOX)**

HAVE YOU EVER ESCAPED OR ATTEMPTED TO ESCAPE FROM CUSTODY? ¿HA ESCAPADO DE CUSTODIA?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER BEEN A POLICE INFORMANT OR WITNESS FOR THE STATE? ¿HA SIDO ESPIA DE LA POLICIA O TESTIGO DEL ESTADO?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER BEEN AFFILIATED WITH A PRISON OR STREET GANG? ¿HA SIDO AFILLADO CON ALGUNA PANDILLA? GANG IDENTITY _____		YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER ASSAULTED A POLICE OR CUSTODIAN OFFICER? ¿HA AGREDIDO A UN POLICIA O CARCELERO?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU FEAR FOR YOUR SAFETY WHILE IN THIS FACILITY? WHY? _____ ¿TEME POR SU SEGURIDAD ADENTRO DE ESTA CARCEL? ¿PORQUE? _____		YES <input type="checkbox"/>	NO <input type="checkbox"/>
WHAT IS YOUR SEXUAL ORIENTATION? ¿CUAL ES SU PREFERENCIA SEXUAL?	HETEROSEXUAL <input type="checkbox"/>	HOMOSEXUAL <input type="checkbox"/>	BISEXUAL <input type="checkbox"/>

**I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT.**

ARRESTEE'S SIGNATURE: X \_\_\_\_\_

DOES ARRESTEE SHOW ANY BEHAVIOR OR CONDITION SUGGESTING NECESSITY TO SEGREGATE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
BOOKING RECOMMENDATION REVIEWED:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
MEDICAL SCREENING OR MEDICAL TREATMENT FORMS REVIEWED FOR ANY PHYSICAL OR MENTAL CONDITIONS REQUIRING SEGREGATION.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**HOUSING CLASSIFICATION**

GENERAL <input type="checkbox"/>	SEGREGATION <input type="checkbox"/>	DETOXIFICATION <input type="checkbox"/>
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INMATE CLASSIFICATION FORM COMPLETED BY:

DETENTION OFFICER SIGNATURE _____	SERIAL NO. _____	DATE _____	TIME _____
WATCH COMMANDER SIGNATURE _____	SERIAL NO. _____	DATE _____	TIME _____

**MEDICAL INSTRUCTIONS FOR PERSONS IN CUSTODY**

- UNDER THE INFLUENCE OF DRUGS/ALCOHOL: NO ☐ IF YES ☐ OR UNABLE TO DETERMINE ☐  
Perform a complete medical evaluation and document your assessment on the medical record form.
  - SAFETY CRITERIA: ☐ SAFETY CELL ☐ SOBERING CELL ☐ LOW BUNK ☐ DISPENSARY RECHECK DUE AT \_\_\_\_\_
  - ☐ VISUAL AND VERBAL CHECKS (COMPLETE CUSTODY OBSERVATION FORM.)  
☐ IF NOT ALERT OR EASILY WOKEN UP BY \_\_\_\_\_ TRANSPORT TO DISPENSARY IMMEDIATELY.  
☐ SUICIDE PRECAUTIONS. TRANSFER TO TWIN TOWERS/CRDF.
  - SPECIAL DIET: ☐ PREGNANT/LACTATING (double portions of milk with meals) ☐ DIABETIC ☐ LACTOSE INTOLERANT ☐ SOFT
  - ☐ DEVELOPMENTALLY DISABLED/MENTALLY CHALLENGED - PLACE IN SEGREGATION CELL.
  - OTHER \_\_\_\_\_
  - ☐ NO MEDICAL TREATMENT NEEDED.
- DISPOSITION: O.K. TO BOOK ☐ TRANSFER TO: ☐ CONTRACT HOSPITAL ☐ TWIN TOWERS  
☐ WOMEN'S HOSPITAL ☐ LAC, USCMC ☐ CRDF

RN/MD SIGNATURE _____	PRINT NAME/TITLE _____	DATE & TIME _____
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**LOS ANGELES POLICE DEPARTMENT  
SOBERING CELL INMATE WELFARE FORM**

**Inmate Name:** \_\_\_\_\_ **Booking No.** \_\_\_\_\_

**A MEDICAL EVALUATION IS REQUIRED PRIOR TO BOOKING AND PLACEMENT IN A SOBERING CELL.**

**TO BE COMPLETED BY JAIL DISPENSARY PERSONNEL**

The Inmate Classification Questionnaire and Record of Medical Screening, Form 05.36.00, was reviewed and the inmate was given approval for temporary housing in a sobering cell? **YES** ☐ **NO** ☐

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

**TO BE COMPLETED BY DETENTION PERSONNEL**

Review the Inmate Classification Questionnaire and Record of Medical Screening, Form 05.36.00, to verify medical/nursing staff evaluated the inmate, approved booking and indicated a sobering cell for temporary housing. The medical evaluation shall be done prior to placing the inmate in the sobering cell.

**Date started:** \_\_\_\_\_ **Time started:** \_\_\_\_\_

**Check no less than every 30 minutes. If sleeping, awaken the inmate.**

Actual Time	Awake	Asleep	Verbal Response	Physical Response	Comments	Checked By	Serial

**The inmate shall be re-evaluated by Jail Dispensary staff no later than six hours after the initial evaluation for placement in the sobering cell.**

**SIX (6) HOUR MEDICAL EVALUATION VERIFICATION**

6-Hour sobering cell medical evaluation performed? **YES** ☐ **NO** ☐

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Approved for continued sobering cell housing? **YES** ☐ **NO** ☐

Comments \_\_\_\_\_

**TO BE COMPLETED BY DETENTION PERSONNEL**

Actual Time	Awake	Asleep	Verbal Response	Physical Response	Comments	Checked By	Serial

The inmate shall be reevaluated in the jail dispensary after no later than 12 hours after confinement in the sobering cell. If the inmate's condition is not improving, the medical or nursing staff shall transfer the individual to a higher level of care facility. The dispensary staff will document the evaluation and disposition on the in-custody medical record form.

Have the nutritional concerns of the inmate been met? (orange juice, meal, etc.) YES ☐ NO ☐

**12 HOUR MEDICAL EVALUATION REASSESSMENT VERIFICATION**

12-Hour sobering cell medical evaluation performed? YES ☐ NO ☐

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Approved for general population cell? YES ☐ NO ☐

Inmate transferred to a higher level of care facility? YES ☐ NO ☐

Comments \_\_\_\_\_

**WATCH COMMANDER/SHIFT SUPERVISOR**

WC/Shift Supervisor: \_\_\_\_\_ Serial No. \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_

Inmate was released \_\_\_\_\_ / transferred to other care facility \_\_\_\_\_ /

or transferred to a regular cell \_\_\_\_\_ on date \_\_\_\_\_ at time \_\_\_\_\_.